PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  [0-620-862]												,	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	_		OR	OTHER SMALL	THAN
TOTAL CLAIMS			26					RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	ĒĒ	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			26 minus 20=		· 6			X\$ 9=			OR	X\$18=	108
INDEPENDENT CLAIMS			3 minus 3 =		• 0			X42=			OR	X84=	OB
MULTIPLE DEPENDENT CLAIM PRESENT							+140	_			+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	_		OR	TOTAL	858	
/ CLAIMS AS AMENDED - PART II												OTHER	
5	Column 1) (Column 2) (Column 3)							SMAI	LL E	ENTITY	OR	SMALL	•
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.26	Minus	· Z	6	<b>a</b>		X\$ 9			OR	X\$18=	
AME	Independent	• 3	Minus	***	3	<b>7</b>		X42=			OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140	-		OR	+280=	
	11/9/06 (Column 1) (Column 2) (Column 3)							TOT ADDIT, F			OR	TOTAL ADDIT, FEE	
	(00:0:::: )											•	
AMENDMENT B		CLAMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 26_	Minus	* 0	6	- /		X\$ 9:	•		OR	X\$18≖	
AME	Independent   6   Minus   4-9   3   =   FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X42=			OR	X84=	
								+140:			OR	·+280=	
								TOT ADDIT, F			OR	TOTAL ADDIT, FEE	<u> </u>
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER SUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ON	Total	•	Minus	**		<b>*</b> .		X\$ 9:	В	. =	OR	X\$18=	
AME	Independent				<u> </u>	<b> </b>	X42=	7		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1				
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								+140			OR	+280=	
	If the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa	eld For IN THE eld For IN THE	S SPACE & S SPACE &	s less that	n 20, enter *20. n 3. enter *3 *	_	VDDIT. FI	Œ		OR	TOTAL ADDIT. FEE	
l '	The "Highest Nurs	ber Previously Pai	d For" (Total or	Independe	ent) is the	highest number	er fou	nd in the	ápp	ropriate boo	c ju co	lumn 1.	
FORM	PTO-875 (Rev. 12	(/02) · · · · · · · · · · · · · · · · · · ·	erment Printing ()	Mor: 2003-	400-276/00	164	Pake	ent and To	dea	ark Office, U.	S. OE	ARTMENT OF	COMMERCE

**Application or Docket Number**